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A DISSERTATION ON CANCER,
WHICH OBTAINED THE BOYLSTON PRIZE FOR THE PRESENT YEAR.

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"What are the diagnostic Marks of Cancer of the Breast; and is this disease curable?"

THE term *cancer*, derived from the Latin language, is synonymous with *carcinoma*, derived from the Greek, and originated in a fancied resemblance of certain tumors to the animal whose name they bear.

There is an evident propriety in specifying cancer of the breast in the question here proposed; for the disease, in its ravages upon this organ, extends to almost every variety of structure which can modify its character, is accessible to inspection and local treatment, and occurs more frequently than elsewhere.

Whether all the diseases at present included under the term cancer should continue to receive that appellation, some might be inclined to doubt. They are so numerous and so different in aspect, that it is almost impossible to say any one thing that will apply to all without exception. They present tumors, ulcers, excavations, excrescences, indurations and *ramollismens*. The tumors vary from the hardness of cartilage to the consistence of jelly; the ulcers furnish sometimes an abundant suppuration, varying in color and consistence—at other times they are dry, and some of them are covered with a hard grey crust, that reproduces itself as often as it is removed; sometimes they are surrounded with varicose veins, that bleed frequently, at others they are wanting; the excrescences present equally varied aspects, and the sufferings of the patient are of every grade.

But however varied cancerous affections are in the foregoing particulars, their progress and termination are nearly the same in all. They all tend to invade and destroy surrounding parts. Whatever be the nature of the texture in which they are located, they seem to feed upon it like a parasitic animal, growing and thriving upon another. This is so striking a characteristic of cancer, that in early times it was compared to a ferocious animal, which led some of the ancients to carry the idea so far as to attempt to feed it daily with fresh slices of viands, in hopes of thus satiating its voracious appetite. All the varieties of cancer, though they remain stationary for a time, will ultimately augment, every change in their state being invariably for the worse. Irritating substances, general or local, aggravate them alike, and if extirpated there is always

danger that they will reappear. Finally, they alike tend to produce constitutional derangements of a similar nature—a sort of cancerous cachexy, marked by emaciation, hectic fever, and a peculiar tint of the skin.

If we turn our attention from the exterior survey of cancerous affections to their interior structure, they will be found to present a variety of appearance and consistence. Multiplied dissections have, however, enabled pathologists to analyze and reduce cancerous substance to a certain number of diseased tissues, each having a structure peculiar to itself, and which always presents the same characters, in whatever part of the body they may be situated. These tissues are sometimes isolated, at others variously combined, two or three or even four of them being in the same tumor. Every cancer, with the exception of certain chancrous ulcers, which do not repose (in their early period at least) on a cancerous tissue, is constituted by the development and evolution of “two accidental tissues, that are different from any normal tissue,” viz. the scirrhus and encephaloid—names derived from *skirros* (hard) and *encephalon-eidos* (brain-like). One or the other of these, and sometimes both together, are always found in cancerous tumors. There are other morbid tissues occasionally met with in such tumors, as the fibrous, the melanose, the tubercular, the cartilaginous, and the fibro-cartilaginous, one or more of them. But these latter do not of themselves constitute cancer, one or all of them; they may therefore be termed incidental tissues, whilst the scirrhus and encephaloid kind, from the invariable presence of one or both of them, may be termed essential tissues of cancer. These, therefore, are deserving of more particular notice.

The *encephaloid* matter of cancer may exist in three different forms—in cysts, in masses without cysts, or infiltrated into the substance of the organ. These forms are more distinct and observable in the crude or early stage, but in a subsequent stage, or that of complete development, and before their *ramolliment*, they all assume a similar appearance. The encephaloid matter is then homogeneous, resembling the medullary substance of the brain, and presents here and there a slight rosy tint. Cut in thin slices, it is semi-transparent; but in masses, it is opaque. Its consistence is that of an infant brain a little softened.

The encephaloid matter is inclosed in cells, made up of a delicate tissue, resembling the pia mater—is, like it, very vascular; and the tunics of its vessels are so extremely tender, as to be easily ruptured, causing extravasation and accumulations of coagula. A new and curious fact stated by M. Bérard in the *Repertoire Generale des Sciences Medicales*, of February, 1834, is, that he has ascertained by experiment that these vessels are exclusively *arterial*. There are other and larger vessels surrounding the tumor, both arteries and veins, and the encephaloid matter often penetrates these veins and obstructs them.

But the encephaloid matter remains not long of the consistence now described—it tends constantly to mollify, until it finally resembles thick pus, but still retaining its color. In this stage, more than any other, the slender vessels are ruptured, and cause numerous extravasations of blood, which, instead of forming a coagulum, is blended with the puriform mat-

ter, giving it a reddish or brownish color, so that it resembles thick chocolate; excepting some portions of the tumor which remain exempt from bloody infiltration, and serve to show what was its former appearance.

The encephaloid tissue is more frequently met with in the uterus and testis, than in other organs; is also found in cancer of the liver and stomach. It appears also in cancer of the breast, particularly when the disease recurs after an operation.

The other essential tissue of cancer, viz. *scirrhus*, when fully developed, consists generally of a firm, hard, rugged, incompressible and knobbed mass, the limits of which are not well defined. It grates under the knife like the substance of the uterus, presents a bluish or greyish white color, and when cut in thin slices is semi-transparent. At first glance it might be easily mistaken for a fibro-cartilaginous tumor; but a closer examination shows that it is composed of two distinct substances, the one fibrous, hard and organized, the other soft and inorganized. The former composes the chief part of the diseased mass, and consists of septa, which are opaque, of a paler color than the soft part, varying in their volume and direction, and forming unequal cavities or cells, which contain the soft part. The latter is of a bluish color, and of the consistence of softened glue or even of cream. "The fibrous structure seems to be the cellular or proper tissue of the part, in a state of induration and hypertrophy," whilst the softer portion contained in its meshes or cells, appears to be merely a morbid secretion, poured out by the vessels nourishing the organized fibrous tissue. In this view of it, the organized part results from an altered state of nutrition in the tumor, and the soft or inorganized portion, or accidental tissue, as the French term it, is the result of a morbid secretion. In all cases, the fibrous mass is both most conspicuous and abundant, and is condensed in its centre into a hard nucleus, whence seem to radiate the numerous septa in every direction. In the centre of the nucleus there is often a little cyst containing a limpid fluid of very acrid nature. In some rare instances, portions of the scirrhus mass resemble cartilage, in parts of which osseous or calcareous depositions are occasionally found.

It is probable that several of the tumors, as the mammary and perhaps pancreatic, described by Mr. Abernethy, consist of varied proportions of the two essential tissues of cancer, modified by local irritation, temperament, &c. But such tumors, I may here remark, glide so insensibly into each other, and correspond so nearly in respect to their origin and progress, that little practical advantage results from his classification.

As the encephaloid tissue is more frequently met with in the uterus and other internal organs, so the scirrhus is most apt to predominate in external cancers, particularly in those of the breast—they are however often found united in cancerous tumors in all situations.

Cancerous tumors usually begin in a sound part, but in some rare instances, where a predisposition to the disease exists in the constitution, other tumors and ulcers degenerate into cancers. But more of this hereafter.

Thus far, the subject of cancer generally has been considered; but, as the female breast is its most frequent seat, many authors have taken can-

cer of this organ as a type for its general description, and the question proposed by Harvard requires that our future remarks be confined to this locality of the disease.

The age most subject to cancer of the breast is from the fortieth to the fiftieth year. It very rarely appears before the age of twenty, sometimes between twenty and thirty, many times between thirty and forty, and rarely after the age of sixty. A table, drawn up by M. Recamier, will be given at the end of this treatise, which in respect to age, accords with the observations of all surgeons.

Persons most subject to the disease are antiquated maids, next those mothers who have not suckled their children, and least so those who have borne children and nursed them with their own milk.

The disease may be divided into three stages. 1. *Indolent scirrhus*; 2. *Painful scirrhus*, sometimes called *occult cancer*; and 3. *Ulcerated or open cancer*. Indolent scirrhus, then, differing as it does in its whole aspect, from open cancer, is, nevertheless, the germ or first stage of that disease. Some have contended, however, that it is a more local disease, is more yielding to discutients, and instead of always progressing to cancer, has in some rare instances terminated in gangrene, and in many others has remained stationary through life. Now in respect to their ever being resolved, we are not able to speak with confidence, because we have not the best evidence of such cases being truly scirrhus, I mean examination with the knife. We can only judge from their external appearance. To ground such an opinion upon the vaunting reports of charlatans, would be to admit that "they are all resolvable when their own specifics are employed," and that failures are attributable to error on the part of the patient, or their delayed application. But the number of cases of resolution, cited by eminent surgeons, is so extremely small, as not to be entitled to consideration as exceptions to the principle, that they are not resolvable by any known remedy (pressure excepted), general or local—but more of this hereafter.

That scirrhus may remain stationary for life, is far more probable. Life may be short, the tumor may appear at a late period of it, when morbid action is feeble, and such tumors no doubt vary in their tendency to painful cancer from constitutional peculiarities; these therefore should not be received as exceptions to the general principle that scirrhus is incipient cancer.

Rise and progress of Cancer of the Breast.

A woman in touching her breast feels a small induration, which is not natural, but which causes not the slightest inconvenience. Perhaps her attention has been first drawn to it, by a small stain upon her dress, opposite the orifice of the lactiferous tubes, which leads her to feel of the part. She can neither tell when the tumor commenced, nor assign any certain cause, though she may suspect some mechanical injury, as a blow against a chair or door, or the pressure of her dress. She may also refer it to an obstruction of the milk when nursing her last child. It remains indolent and insensible to pressure, and makes no impression upon her general health. The induration gradually increases in volume, and from being round, circumscribed, and rolling under the finger, its surface pre-

sents nodes and depressions, followed by adhesions to the surrounding cellular membrane, and to the skin, giving to it the appearance of being quilted to the tumor. After a time of uncertain length, the patient begins to feel a twinging, pungent, or darting pain in the tumor, occurring more towards evening and in the night. Still, however, it gives no pain to handle the part and even press it. If the catamenia have not ceased, she will experience an aggravation of pain in the breast about the time of their recurrence; at this period also the tumor grows faster than at any other, and any external violence produces a sudden enlargement. Thus far the tumor is characterized by extreme hardness, by great weight compared with its volume, by a knobby feel, and by insensibility to the touch. These characterize the scirrhus state.

The pungent pain is the ushering in of the second or occult cancerous state, in which the progress of the disease is more rapid, the tumor increasing in volume from the size of a small nut, when first discovered, to from two to three inches in diameter, but it soon attains nearly its maximum size, and remains somewhat stationary, notwithstanding all other symptoms, and particularly pain, have augmented. Adhesions are formed to the subjacent parts—and the skin over it begins to pucker and to assume a violet tinge. The nipple, by the drawing of its tubes, gradually retreats within the surface of the breast. The darting pain, which added to the above-mentioned signs of scirrhus is one of the best pathognomonic symptoms, now interrupts sleep, and the patient's general health begins to suffer; with emaciation, loss of appetite, and dryness of the skin, which presents a pale yellow tinge. The axillary glands about this time become affected; but there is much uncertainty in respect to the time, for they often do not enlarge till after the second stage of cancer, and in some rare instances do not swell at all, although the cancer proves fatal. There is sometimes a solitary gland situated over the outer edge of the pectoral muscle, between the breast and axilla, and this, in such cases, is the first to enlarge. In a few instances, where the tumor is on the sternal side of the breast, the axillary glands escape and those about the clavicle suffer. Finally, the part of the skin most affected over the tumor gives way, forming a fissure, from which oozes a colored serum—and this completes the second or occult cancerous stage.

When the *third* stage or *open* cancer has begun, the borders of the fissure first opened are gradually thickened, indurated, and everted, and wear a pale bluish color. The surface of the ulcer is soon covered with pale-red vegetations, which furnish an ichorous or sanious suppuration, more or less abundant, and often very fetid. Its peculiar odor serves as a diagnostic symptom. The surface of the sore feels hard, like the original tumor, and, like that, is wanting in sensibility to pressure, as the patient can wipe it and handle it without experiencing the least pain. The lancinating pain, before spoken of, varies to an acute smarting, or burning, or insupportable itching, that nothing can calm. The hideous ulcer enlarges in every direction, consuming indiscriminately the adjacent substances, sparing neither veins nor arteries, and causing frequent hemorrhages, which, while they temporarily mitigate the patient's sufferings, hasten exhaustion of her strength. Whilst one part of the sore is

sloughing, another is projecting forth luxuriant vegetations, that stretch one after another over the borders of the ulcer, like the leaves of a double rose over its calyx.

The cancerous *cachexy* is now more strongly marked; the flesh is emaciated and flabby, and the arm swells; sometimes also the lower limb becomes œdematous. The patient is often tormented with a burning sensation behind the sternum, with severe cough and rheumatic pains; she loathes food; has obstinate costiveness alternated with colliquative diarrhœa, and finally sinks under hectic and torturing pains.

Such is the ordinary course of the disease when it proceeds unmo-
lested to its natural termination, or is unsuccessfully treated. But the varieties it presents are innumerable, a few of which deserve notice. The scirrhus which precedes cancer is sometimes void of protuberances or inequalities, and presents a smooth surface like an encysted or fibrous tumor. Instead of being always single, it is in some cases composed of many tumors, united or separated. The adhesion to the skin and subjacent muscles alluded to, does not always take place until ulceration is about commencing. Its degree of hardness varies, and with this also the rapidity of its progress—the hardest kind being most indolent, and the first cancer is harder and slower in its progress, than one that returns after extirpation. Injuries and irritations, and disturbed menstruation, hasten its progress, but it sometimes takes a sudden start without any assignable cause. In aged people, however, they may continue nearly stationary for many years. Hemorrhage is a common occurrence, but in some cases cancers will run their whole course and destroy the patient without loss of blood. The blood may issue from an opened vessel, or be exhaled from the surface of the ulcer, or from the interior of the morbid structure.

Cancer is so constantly fatal, that to speak of its *prognosis* when left to itself or impotently treated, is to speak of the different manners in which death occurs, when no other disease sets in to abridge life. The exceptions are, a few rare cases which happen in very advanced life of scirrhus and even of ulcerated cancer, that advance so slowly as not to shorten the patient's days—or, what is more rare, gangrene may take place in a cancerous breast, as in other parts, and after the organ has sloughed out, the sore will cicatrize as if the organ had been extirpated with a knife. Here and there, too, we meet with detailed cases of the cicatrization of a cancerous ulcer, whilst the subjacent scirrhus mass remains undestroyed. If such cases are genuine cancer, they show that nature establishes no law in regard to disease, that she does not sometimes break. A multitude of accidents and complications may occur to hasten death, as pleurisy, hydrothorax, anasarca, or a putrid fever. Such being the case, a surgeon cannot be too circumspect in giving a prognosis.

Post-mortem appearances may be considered under the head of general and local. The former have already received some attention, under the head of pathology of cancerous diseases. At the termination of life, open cancer of the breast presents a mass of vegetations and excavations, covered with a fetid putrescence, in which scarcely a vestige of organi-

zation remains. This is therefore a less interesting period for examination, than when the cancer is extirpated in any of its stages during life.

Indolent scirrhus, when extirpated, is ordinarily round or ovoid—presents a knobby surface, and adheres more or less, to the surrounding parts by cellular tissue. It may occupy the place of the mammary gland, or any other part of the breast. Cutting it into slices shows it to be formed in part, or entirely, of a greyish or bluish white substance, slightly translucent, and varying in consistence from that of lard to that of cartilage. This is the true scirrhus tissue. In the same tumor may be seen masses or minute portions of substance, softer than the preceding, whitish, opaque, divided into unequal lobules, and surrounded in every part by bloodvessels. This is the encephaloid tissue. To these two essential tissues are sometimes added others that are incidental, as cartilage, fibro-cartilage and melanose. In the midst of all, may be seen portions of the mammary gland—sometimes sound, although surrounded by degenerations, at others partly transformed into the scirrhus or encephaloid tissues.

Painful scirrhus or occult cancer, when extirpated, presents the same essential tissues, but softer. The scirrhus will be here and there penetrated by a whey or cream like matter that may be pressed out in large drops, and the encephaloid may present some little effusions of blood. In some places it will be soft. It adheres to the skin, and perhaps to the subjacent muscle; and the surface is more knobbed than in the indolent state.

Cancerous ulcer, when extirpated, evolves a less fetid odor, previous to its becoming putrid, than it did before extirpation; which shows that the peculiar fœtor of cancer is an exhalation from the living surface. Below the surface, to the depth of a line or two, is a stratum of flesh of the same color as the ulcer. Cutting deeper, we discover the essential tissues of cancer, but more compounded with others, and they would not be readily recognized by one who has not studied them in their former states. The cancerous mass is no longer circumscribed to the breast, but extends to bone and muscle and all other neighboring textures indiscriminately.

The *general* post-mortem appearances are, a yellow tinge of the skin, a soft and flabby state of the muscles, and a fragility of the bones. Some French writers, who have had great experience in this disease, contend that it produces no such effect upon the bones. Their opinions would however be corrected by a visit to Guy's Hospital, where bones are preserved, that were fractured by merely a turning of the patients in bed, and two or three similar cases have occurred within my own observation. The lung under the cancer is inflamed and adheres to the pleura-costalis, and some serum is found in the cavity of the chest, and small tubercles are discoverable in the pleura. The liver, especially if the cancer be on the right side, is tuberculous. The uterus almost always presents cancerous tubercles. The glands of the axilla, and sometimes those about the clavicle, are enlarged and scirrhus. Sometimes the arm of the affected side is much swollen, and at others the whole side is in like manner affected.

The *cause* of cancer not being required in this treatise, and if it were, our knowledge of it, and especially of the *proximate cause*, amounting as it does to little or nothing, are sufficient apology for saying but little about it. In respect to its *remote* and *exciting causes*, it may be stated, that the foundation of the disease is laid in a *cancerous diathesis*, that may evolve cancer spontaneously, though oftentimes its appearance is preceded by some slight injury or irritation of the part. This has induced some to pronounce it a local disease. But it is not probable that any local irritation can assume a cancerous character, where such a constitutional diathesis does not exist; and yet, it may serve as a nidus, in which the disease will appear sooner than it would spontaneously, or without any such point of attraction—and it is not improbable that the diathesis may exist in some persons through life, but in whom, from the absence of such local irritation, or because the diathesis is feeble, it may not be evolved. In this and some other respects it resembles scrofula—a disease known to be constitutional. It is said, in opposition to this, that extirpation of cancer oftentimes effects a permanent cure, and that therefore the disease must be local. The same may be said of the amputation of a scrofulous limb. Besides, let it be remembered that cancer of the breast is evolved, chiefly between the fortieth and fiftieth year of age;—in other words, about the period of menstrual cessation. Now the lapse of time necessary for the development of cancer in the breast after its first appearance, together with the time taken up in healing the wound made by extirpation, is, in many cases no doubt, sufficient to carry the patient through the most susceptible period; the system has had time to recover from the constitutional disturbance, and the breasts are no longer irritated by sympathy with the uterus. It is this cancerous diathesis that so frequently causes a return of the disease in the cicatrix, even after a second or third extirpation, or to evolve it in some other organ, and perhaps in diverse organs, remote from each other, simultaneously.

The connection between a disturbance of the uterus at the cessation of the menses and a cancerous breast is so strenuously maintained by Sir Charles Bell in a late lecture, that I feel justified in making an extract from it. "Nature has established a reciprocal action between the uterus and mammæ, and though widely apart, they are intimately united by sympathy. Every change in the ovarian circulation has an influence upon the mammæ, from the first period of puberty to the final period of change—menstruation, conception, quickening, delivery—all have this influence—they all communicate pain and turgescence of the mammæ. At the turn of life, the irregularity of menstruation produces a most decided influence on the mammæ. It is this which lays the foundation of cancer."

"As there is a coincidence in time, so is there a considerable resemblance in the nature of the disease which fixes upon the ovaria and mammæ; the difference is chiefly in their position as internal or external parts. This is a very interesting inquiry, because it embraces an extensive view of practice. The scirrhusity, I say, and hydatid tumors which infest the mammæ, and are the forerunners of so many distressing cases

of ulcer and ill-conditioned sores, if they were seated in the ovaria, being internal, would smolder, and partake of a chronic state, that would hardly interfere with the term of life."

The cancerous diathesis is no doubt oftentimes hereditary, as appears from the great many instances where it has prevailed in particular families. This fact is now so generally understood, as to induce eminent surgeons to advise families, in which a case of cancerous breast appears, to guard the general health of females at the cancerous period of life.

Climate has some influence upon predisposition to cancer. Cold latitudes present cases more frequently, and of a more indomitable character, than tropical climates. The island of Madeira very rarely exhibits a case of it. [Johnson on cancer.]

It is to be regretted that a cancerous *diathesis* is not, like that of scrofula, manifested by some external signs. The disease occurs in every variety of constitution and temperament, and a tendency to it is not even suspected, till the scirrhus tumor appears. But it is not so when the disease has existed long enough to impair the constitution, and establish a cancerous *cachexy*. Here there is an evident depravation of the whole constitution, manifested by dejection of spirits, debility, emaciation, or yellowness, dryness, and waxen appearance, of the skin, and more or less general fever.

Depression of spirits and other debilitating causes are supposed to have some influence in predisposing the system to cancer, but this is rather a matter of conjecture.

Contagion was formerly supposed by some to exist in cancer, and was referred to as a cause of it. But the experiments of Bielt, Alibert, Dupuytren, Nooth and Nesbit upon animals, and by inoculation upon themselves, with the matter discharged from cancer, have decided that it is not contagious.

Has the virus or matter of cancer any specific quality or power of circulating itself in the same individual from one organ to another? Facts seem to support the negative. True, the axillary and clavicular glands sometimes become cancerous after the breast. I say sometimes, for it is generally admitted that such glands are often enlarged by sympathy, without being cancerous. But it is not necessary to suppose that even those which are really cancerous, are made so by any absorption of matter. It is a well-known law of vital action, that irritation and inflammation, either simple or specific, existing in any tissue, are propagated along that tissue, even to a distance, rather than to others, although nearer, that have a different vital endowment and different functions to perform. Witness inflammations in the urethra extending to the bladder and testes by the mucous membrane. In cancer, as in this case, it is not necessary to suppose the transmission of virus as a cause of the secondary affection. Moreover, in cancerous breast, the absorbent vessels themselves seem to become obstructed by the disease, and to appear like cords, which probably accounts for the difficulty, I might say impossibility, of lessening the absolute size of a truly scirrhus tumor by means of discutients; and it also accounts for the exuberant granulations of cancerous ulcer, the balance between the arteries and lymphatics being destroyed. That it is

not matter transmitted to the axillary glands, seems probable from the fact that in a kindred disease, the medullary sarcoma, absorbent glands are affected in an opposite direction to that of their current of circulation. Another fact in point is, that matter of cancer inserted under the cuticle, will not produce cancer in the glands to which absorbents of the part lead. From these considerations it is much more likely that the axillary glands are affected by continuous sympathy with the breast, and that having once enlarged and become irritated, they afford a suitable nidus or point of attraction, in which the cancerous diathesis of the system is kindled into disease, as it had previously been in the breast.

What are the diagnostic Marks of Cancer of the Breast?

This is a question of the first moment, as a decision of it involves the propriety of a painful operation, upon the performance of which the preservation of life may depend.

The diagnostic marks of cancer may be divided into three classes—those relating, 1st, to the scirrhus stage; 2d, to the occult cancerous stage; and 3d, the open cancerous stage. The two first are of chief importance, since an open cancer, besides its obvious and unequivocal signs, is also distinguishable from other ulcers by its previous history; the only exceptions being a few rare cases where other ulcers assume the cancerous character. The two first stages of cancer are therefore chiefly entitled to consideration, and presenting as they do the form of tumors, it is other tumors only with which they can be confounded, and from which it is our object to distinguish them. Those tumors which simulate cancer are—

1. *Hard tumors of a cartilaginous, a fibrous, and fibro-cartilaginous structure.* These are noticed first, not from the frequency of their occurrence, especially in the breast, for they are very rare—but because they approach nearest in aspect to indolent scirrhus, so much so as to puzzle the most eminent surgeons to distinguish them. They are alike hard, indolent, and sometimes knobbed upon their surface, whilst to increase the difficulty, this last mark, though characteristic of true scirrhus, is not always present in it. Among the uncertain marks are the fact that this tumor is not peculiar to the cancerous period of life, and that it is less adherent to the mammary gland than scirrhus. But the knife is the only sure test to which they can be subjected, and it affords some satisfaction to be able to assure the patient after they have been unnecessarily extirpated, that she is in no danger of a relapse.

2. *Hydatid or Encysted Tumor.*—“This begins in a swelling which is unattended with pain, and which has the character rather of a chronic inflammation in a part of the breast, than as bearing a resemblance to a scirrhus; for it has neither its mobility, its hardness, nor its general circumscribed or distinct limits, but incorporates itself with the surrounding parts of the breast. The general health is unaltered even when the swelling becomes of the most formidable magnitude.

“As it increases, a change in the nature of the swelling is produced; at first it was uniformly solid, but is afterwards distinctly divided into a solid and fluid part; the latter fluctuating so as at once to inform the

surgeon of the existence of a fluid. If this part be punctured, a liquid having the usual appearance of serum, is discharged; the cyst sinks, but soon becomes distended, and the swelling continues to grow. At length the tumor acquires an enormous magnitude, and some of the largest swellings of this organ are of the hydatid kind. The absorbent glands, in the most aggravated form of this disease, are unaffected. It is more frequent in advanced age than in youth. When removed by operation it does not return."

"This disease wants the following marks of scirrhus, viz. excessive hardness, mobility, its circumscribed limits, and its small and stationary size, and it is not peculiar to the cancerous period of life. If mistaken in its early stage for scirrhus, and extirpated, there is no reason for regret, since it does not yield to discutients, and tends to grow to such a size as ultimately to require removal."

3. *Simple induration*.—This is of more frequent occurrence than all others beside. The most common kind is produced by disturbed menstruation. Sir Charles Bell says that the number of young women, from the age of sixteen to thirty-five, who have presented themselves in the hospital with lumps in the breast, is fully equal to those who have presented themselves at a later period of life with carcinoma; and he adds, "we have to trace an influence of the same kind in both, namely, irregular uterine action." This form of disease is described in Sir Astley Cooper's lectures under the name of "irritable tumor of the breast."

It is distinguishable from scirrho-cancer by its occurring early in life. The same tumor occurs however at the cessation of the menses, and then age is no test of its character. But it is distinguishable also from scirrhus by pain and sensibility to the touch, its redder color, its retaining more of its original structure, and being less indurated, also by the surrounding part being slightly inflamed—and lastly, by its yielding to depletion, general and local, to sedative applications, and to correction of the uterine derangement.

Under this class may also be included indurations from external violence, either sudden, as from a blow, or slight and often repeated, as pressure of the breast, and too often handling the organ. Also, indurations resulting from a suppurating acute inflammation.

4. *Herpetic Tumor*.—This arises from an irritation communicated to the centre of the breast, by an herpetic eruption upon the skin, around the nipple. It is apt to give an itching pungent sensation, which might possibly be mistaken for that of incipient occult cancer. The tumor is however sufficiently distinguishable by its evident cause and by its transitory nature.

5. *Scrofulous swellings* sometimes, though very rarely, appear in early life, or before the thirtieth year. They are attended by general marks of scrofula, and they yield to anti-scrofulous treatment.

6. *Rheumatic and gouty* constitutions are sometimes affected with tumors of the breast—but they are tender to the touch and painful, and exhibit other marks of acute inflammation.

Pancreatic tumor of Mr. Abernethy, the simple chronic tumor of Sir Astley Cooper. "This disease is not of a malignant nature, nor does it

produce any dangerous consequences. It attacks the young and apparently healthy, seldom beginning after the age of thirty years, and usually appearing from the age of puberty to that period. It is very superficial, growing rather upon the surface of the breast than its interior. At first it feels like one of the mammary lobes enlarged; and then, as if several were combined in one swelling. As it increases, it becomes in some degree lost in the substance of the breast. It has not the hardness of the scirrhus tumor, and is not accompanied with the loss of health of fungoid tumor," next to be mentioned. "It is an extremely moveable tumor. It is generally unaccompanied with pain, either in the part, or shoulder, or arm. It grows very gradually and slowly." It is therefore distinguishable from scirrhus-cancer by the youth of the patient, by its softness, its slow and gradual growth, its being more superficial, and wanting tubercles, &c. &c.

Fungoid or medullary tumor—or *Fungus hæmatodes*.—This disease has been also called soft cancer, and being equally fatal in its tendency, and requiring the same treatment as scirrhus-cancer, it may be asked why it is here separated and classed among those tumors that we wish to distinguish from cancer of the breast. The answer is, because it differs in its early stage so much from scirrhus-cancer, that its admission among that class of tumors would throw our best diagnostic symptoms of scirrhus-cancer into confusion, and embarrass the young surgeon unnecessarily. For this reason I have given it a separate place.

"It occurs at all ages—is not so hard as the true scirrhus, but has more the feeling of chronic inflammation at its early stages; and as it increases, it becomes softer, yields to the impression of the finger, but immediately again fills, as the pressure is removed. After a few months, the skin becomes livid, and a distinct fluctuation may be felt that is contained in a cyst. The veins of the surrounding skin become extremely enlarged and varicose, and the surface assumes an inflammatory appearance, of a darker color than common inflammation." The cyst next ulcerates and discharges a fluid resembling bile, which is extremely nauseous to the smell.

It may therefore be distinguished from scirrhus-cancer by occurring at all ages, by being softer, by its gradual growth, by the enlarged veins surrounding it, by wanting the darting pains, puckering of the skin, retraction of the nipple, knobby feel, and enlarged absorbent glands, and lastly, by impaired health from the first attack.

The foregoing tumors include about all that can be mistaken for scirrhus-cancer. I have purposely omitted milk tumors, and wens, and also hypertrophy of the breast, wishing to simplify, by reducing the number as much as possible, and believing the latter tumors cannot be mistaken for cancer.

I will now recapitulate the diagnostic marks of scirrhus-cancer in connection with those of the foregoing tumors, in such a manner as will enable the surgeon to distinguish the one from the others.

1. *Hardness*.—This will serve to distinguish scirrhus-cancer from all of the other tumors, excepting the fibrous and cartilaginous, including the

osseous, to which the last is sometimes converted, and excepting also some chronic indurations.

2. *Insensibility to pressure.*—This will serve to distinguish scirrhus from simple induration, and from herpetic, rheumatic, and arthritic tumors. The frequent appearance of simple induration, compared with that of all others excepting scirrhus, makes its diagnostic symptoms more interesting to the practitioner than those of any other kind.

3. *Weight, in proportion to its size.*—This mark will exclude all other tumors excepting the fibrous and cartilaginous kind.

4. *Knobbed surface.*—This in a few cases of scirrhus in their first appearance is wanting, whilst on the other hand it is sometimes present in fibrous and cartilaginous tumors, and yet it is one of the best marks of scirrho-cancer.

5. *Circumscribed and stationary size.*—This will exclude all, excepting the fibrous and cartilaginous kind, and some rare cases of simple induration and scrofula, especially if it has existed more than a year.

6. *Unyielding nature to dissection and to antiphlogistic treatment, local or general.*—This will exclude all chronic indurations and most other tumors excepting the fibrous and cartilaginous, and the fungoid and pancreatic tumors. It is a valuable diagnostic, because it is brought to bear upon forty-nine fiftieths of the tumors that are not scirrho-cancerous.

7. *Darting or lancinating pains.*—These announce the approach of occult cancer, and exclude all other tumors, excepting perhaps the herpetic kind. It is a decisive diagnostic in almost all cases.

8. *Puckering of the skin* is equally decisive with the last mentioned.

9. *Drawing in of the nipple*, equally decisive of scirrho-cancer.

10. *Adhesions to surrounding parts*, to the skin, and to the muscles, whilst still void of sensibility to the touch. This excludes all the tumors simulating cancer, excepting the fungoid and pancreatic kinds, and perhaps the fibro-cartilaginous kind.

11. *Violet or bluish tint of the skin*, is decisive of cancer in all cases excepting the fungoid tumor.

12. *Swelling of the axillary or clavicular glands.*—This excludes all, excepting some rare cases of simple induration—but it does not always occur in cancer.

13. *Period of life.*—Cancer of the breast rarely appearing before the thirtieth or thirty-fifth year, mostly between the fortieth and fiftieth, and rarely after the sixtieth.

14. *Past history*, as respects exposure to the cause of other diseases that simulate cancer, and their effect at the time.

15. *Hereditary tendency* to the diseases that simulate cancer, or to cancer itself.

By thus comparing any suspicious tumor with others that simulate scirrho-cancer, the surgeon may, by the process of exclusion, decide its character with some degree of certainty, if it be a scirrhus, and with absolute certainty if the symptoms of occult cancer are present.

For example, although no one nor two marks of scirrho-cancer of the breast are sufficient to decide its character in the indolent state, yet several of them united, as hardness, knobbed surface, insensibility to pres-

sure and of more than a year's standing, will prove it to be a scirrhus in ninety-nine cases out of a hundred. And if in addition to the above it has resisted the known remedies for the other species of tumor—has darting lancinating pains, and the skin over it is puckered and nipple drawn in, there can be no mistake in calling it a cancer.

Tumors and ulcers that are only simulative of cancer, may, as before stated, assume its real character, in constitutions that possess a diathesis or predisposition. The local disease seems to be a more combustible portion of the system, in which the cancerous flame is ignited sooner than elsewhere, and before it has arrived at that degree of intensity which would cause it to break out spontaneously in a sound part. Dr. Monroe was so impressed with this idea, and with his unsuccessful operations, that he at last advised extirpation in cases only where cancer was evolved by some local disease, believing that these were the only cases in which the operation would succeed.

Cancerous ulcer may be distinguished from others by its hard and luxuriant vegetations, its suppurative matter, which is never that of healthy pus, and always evolves a peculiar odor—by its sloughings and excavations—by the eversion of its edges—by its affecting the absorbent glands—by its incurable nature—and by its past history. Among those that simulate it, are fistulous sores with hardened edges, and some phagedenic ulcers, that by appropriate local treatment, and improvement of the constitution, may be made to cicatrize.

Is Cancer of the Breast curable?

I begin this part of the dissertation by stating distinctly that no medicine has been hitherto discovered, either of general or local application, or both combined, that can disperse a scirrho-cancerous tumor, even in the incipient or scirrhus state, or that can correct and cure the cancerous habit, on which such tumor depends.

If this be true in respect to indolent scirrhus, as I shall make it appear, when considering the reputed antidotes and specifics that have been hitherto offered, the position is still more maintainable with respect to painful or occult cancer; for, besides the obstacles belonging to the previous state, there are the additional ones of augmented size, deeper rooted cancerous diathesis, and accelerated progress. So true is this, that it has become a maxim with all good surgeons, that the longer extirpation is delayed, other things being equal, the greater is the liability to a return of the disease. I know it has been said by the distinguished Mr. Pearson, seemingly in opposition to this, that "if the removal of the morbid part were equally complete in two patients, one of whom had been afflicted seven months and the other seven years, he should esteem the latter patient in less danger of a relapse than the former." By this, however, he meant to imply, that the two cases show a difference in constitution and virulence of disease, by which its progress is more rapid and sure to a fatal termination in one than in the other, whether extirpated or not; and not, as some have inferred from his remarks, that delaying the operation in either case was advisable, as affording any security against a recurrence of the disease—for, seven years' delay would place almost

any cancer beyond the reach of any surgeon's knife. But to return from this digression, not only those who regard the disease as depending on a cancerous diathesis, that tends to increase up to a certain period of life, consider delay in the use of the knife dangerous, but those also who regard the disease as local, for Sir Everard Home, who is a localist, states that the longer the operation is delayed the more it contaminates the neighboring parts, and thereby defeats the operation, by lessening the chance of extirpating all that is affected. Be the disease, then, general or local, the tumor is unyielding both in its indolent and painful state, to any known medicine, topical or constitutional. It is however proper that I should notice some of the most extolled remedies, with the view of showing their utter inefficacy :—and first, of external remedies.

Arsenical preparations.—These may be regarded as operating, not by dispersing, but by destroying, in a manner somewhat analogous to the knife, and more properly belong under the head of extirpation or ablation. Under this class may be included all medicines that act in like manner, as caustics and actual cautery.

Ferruginous preparations.—Mr. Carmichael, of Dublin, held out encouragement to the profession that great benefit would result from their use ; but the cases he detailed were probably not cancer ; at any rate, there is no longer any value attached to them as anti-cancerous remedies, and they are used for cancer of the breast as sedative applications only, to palliate some of the painful symptoms of cancerous ulcer.

Mercurial preparations, particularly corrosive sublimate, were recommended by Andrew Wilson for cutaneous cancer, but his cases cited in proof of their efficacy were probably of a syphilitic character. All mercurial preparations to the surface of true scirrhus or cancer, are now considered injurious.

Alkaline and acid substances have been extolled at different periods, but their use is now rejected.

Vegetable and animal substances of various kinds have from time to time enjoyed a reputation as being anti-cancerous. Opium, cicuta, belladonna, digitalis, aconite, and other narcotics, have been serviceable as sedatives and palliatives in the painful state of cancer, but it is useless to add that neither these, nor gastric juice, bullock's blood, nor slices of flesh, which have at times been considered as sure remedies, are as such entitled to any confidence.

Iodine, from its known effect upon some chronic glandular engorgements, was looked to with sanguine hopes of benefit, the more so as its discutient power when long applied had caused atrophy of the testis and mammary gland itself. Mr. Ullman, a German physician, tried it in 1823, as he thought with decided benefit. M. Magendie it is said has used it with some success ; but a great many others who have tried it report differently. It is easy to conceive, however, of its exciting fallacious hopes ; for, as a powerful discutient, it might affect the inflamed cellular substance surrounding a cancerous tumor, and even the gland itself, and by reducing these, appear to lessen the whole tumor. It may also have entirely dispersed some tumors that simulated cancer ; but diligent inquiry

and some observation of its effects, have satisfied me that it has no influence upon a real scirrhus.

In respect to internal medicines, many of the above-mentioned topical ones have been administered without benefit, excepting as palliatives. Among these cicuta has enjoyed some reputation. Stork pronounced it an antidote to the disease. But De Haën assures us that of a hundred and twenty patients who tried it, according to the directions of Stork, not one was cured. Alibert reports a similar result upon nearly an equal number under his care, and this accords with the reported experience of most others. It appears useful in facilitating the dispersion of some other tumors, and may render cancer less painful, perhaps less rapid in its progress; but never cures it. The same may be said of belladonna, of aconite, of lauro cerassus, and some other vegetables of a similar character.

Acetate of copper, white arsenic, arsenious acid, preparations of iron, muriate of barytes, have each by turns risen and fallen in reputation. But no one pretends, at the present day, that either of them is anti-cancerous.

Distilled water, as a sole article of subsistence for many days, under the impression that it would starve out a cancer, was tried and recommended by Poteau of Lyons, and Lambe of London.

Repeated small bleedings, recommended by Valsalva and Fearon, was brought into notice probably by a trial of them in some indolent tumors that simulated cancer. At any rate, they are no longer in repute.*

I have purposely omitted a long list of specifics, as they have been termed, because they are unworthy of notice. As if no absurdity could be too gross in the selection of remedies, I will observe that green lizards, swallowed fresh, have enjoyed high reputation for the cure of cancer. They were proclaimed as sure remedies, first, by a learned professor in Guatamala, and subsequently in Spain, Sicily and Germany, and have called forth treatises of high commendation, in each of those countries. The direction is, to cut off the head and tail, tear away the skin and entrails, and swallow them while palpitating. Strange as it may seem, two of the best treatises upon cancer that are to be found in the French language, were written by men who were so far influenced by the foregoing accounts as to try them upon patients. M. Bayle caused one patient to swallow four hundred of them in the space of two months. [Dic. des Sciences Medicales, Vol. 3d, p. 667.] The other gentleman, M. Cayol, whose treatise was published in 1832, saw one patient swallow fifty in fifteen days. Their reports state that they saw no good effect, "physiological or therapeutic."

But it is useless to pursue this subject further. The high authority upon which the foregoing remedies were recommended, is the only apology for selecting them from a long catalogue of absurd prescriptions that have enjoyed reputation. We could wish, for the honor of the profession, that so many deceptions practiced upon suffering humanity could all be referred to an honest mistake in the diagnosis of cancer. But

* For an account of the trial of some of the foregoing remedies, I am indebted to Dic. des Sciences Med. Vol. 3.

alas ! every one must be constrained to believe, that " independently of this cause, the illusions of self love, the desire of renown " or the promptings of avarice, " which speculate upon the dearest interests of humanity " —a detestable unfairness that trifles with the credulity of the afflicted, and withholds from the public a true statement of failures, are the cause of the impostures that have been practiced, and which are the more reprehensible because they defer a resort to the only remedy that is entitled to confidence, until it is unavailable, and the patient's fate is sealed.

The foregoing facts justify the conclusion that no medicine yet discovered possesses the power of resolving or otherwise curing cancerous tumor, or of correcting the cancerous diathesis. Here be it understood, that I do not include those medicines or other articles that kill the affected part, and which are often substituted for the knife ; nor do I include mechanical pressure, which may produce atrophy or gangrene.

Are we to infer from past failure of success that the disease will always remain incurable by medicine ? By no means. Syphilis was at one time as little known in its nature, and as incurable, as cancer, yet its varied forms " now yield to a medicine that was introduced in a manner purely empirical or accidental." Iodine, if not a specific for scrofulous tumors, has conferred great benefit on those who are affected with them. Who knows but some medicine may yet be found equally efficient for correcting a cancerous diathesis, and which in concurrence with some new topical application, may resolve scirrho-cancerous tumors as effectually as we are now able to resolve venereal tumors of the periosteum, of equal or even greater hardness. The chief obstacle to experiments, and it is, I admit, one of magnitude, is the danger of consuming time, in which the only remedy at present known must be tried in order for its success. The only medicine that engages public attention at this time in Europe is creosote, which on account of its efficacy in some cases of cancerous uterus is now undergoing experiments in France and England upon other cancers.

Extirpation, then, with the knife, or the destruction of its living powers, and consequent separation of it from the subjacent sound and living parts, is the chief if not the only measure that promises to effect a cure. Strangulating the tumor with ligatures drawn through or round its base and tied, has been recommended, but this presents too many objections to entitle it to further notice. To the use of actual cautery, objections are equally strong. Arsenical escharotics, the only ones now used, are justly entitled to more confidence. Yet if we reflect duly upon the danger and uncertainty that attend their operation, they must in almost all cases give place to the knife ; for who can determine the exact limits to which the caustic when applied may extend, or whether it may not leave some portion of the cancer untouched, or destroy the patient as a poison ? An important direction in the use of the knife is, to examine the tumor after extirpation, in order to ascertain if some indurated portion may not have been left ; but escharotics afford no such means of knowing whether we have made clean work. Another important direction in the use of the knife is, to heal the part immediately ; if possible, by the first intention, in order to prevent its being a long protracted point of irritation, that will

be likely to assume the cancerous action. The constant failure of Mr. Monroe and many others of his day, to prevent a return of cancer, is justly attributable to a neglect of this rule. And surely the same evil must ensue, where escharotics leave a large open ulcer.

On the knife, then, surgeons have been taught by experience to rely, as their chief hope of success in the treatment of cancer of the breast. Fortunately the operation is not dangerous nor difficult, and the wound appears to heal kindly. It is probable that not one in five hundred die of the operation, and it is most usual for the wound to wear a healthy appearance for some time after. But alas! our fondly cherished hopes are often cut off by the recurrence of cancer, "either in the cicatrix, or in some other part of the body;" and it is commonly more rapid in its progress, than it was in the first instance. The cancerous vice seems to have acquired a new degree of virulence, to diffuse its influence throughout the system, suddenly evolving all the marks of an established *cancerous cachexy*.

To the patient, then, and to himself, the surgeon must hold up the following propositions.

1. That the extirpation of a scirrhus tumor, whether indolent or painful, large or small, recent or of long standing, is no positive security against its re-appearance, and that the same is true in respect to cancerous degenerations of other tumors and ulcers.

2. That the danger of a return is greatly increased when the disease has been of long standing, or of rapid progress in its development, or if ulcerated, and especially if it has affected the axillary glands, or adheres to the subjacent muscles.

3. That there is but little hope of preventing a return, by operating after the constitution exhibits marks of cancerous cachexy.

It may be further remarked that a cancer which has broken out a second or even a third time, may yet be a fit subject for an operation. Some French surgeons have operated upon the same breast four times, and one of them a fifth time.

Relapses.—One cannot but feel surprized in reading the difference in the reports given by surgeons of the first eminence, in respect to the proportion of relapses that have occurred in their own practice. The elder Monroe said that of sixty persons operated upon for cancer, four only had not relapsed after two years. Scarpa had only seen three cases where the extirpation of cancer was not followed by a relapse. According to Boyer, four or five only out of one hundred were permanently cured by extirpation. Mr. Home describes seventeen cases of extirpated cancerous breast, five only of which proved successful. On the other hand, Mr. Hill, a surgeon of Dumfries, in Scotland, reports eighty-eight cases of extirpated cancer, six out of seven of which proved successful. Mr. Nooth says that not more than one in thirty of his patients experienced a relapse. Mr. Fearon's experience is nearly as favorable. Sir Astley Cooper estimates the failures of entire cure at three-fourths.

In this country, so far as my inquiries have extended, the proportion of relapses is a little short of one half.

Satisfied as we are that the above-named gentlemen in Europe are

entitled to the highest respect as operators, it seems difficult to account for such various results. In respect to Dr. Monroe, however, it is stated in the Edinburgh Essays, Vol. 5, by a writer who had perused Dr. Monroe's MS. lectures, that "he recommended the operation too indiscriminately, and without prescribing the necessary limitations." It is well known, too, that in Dr. Monroe's day it was customary to heal the wound of an operation by the slow process of granulation. The same remark is no doubt applicable to the patients of Scarpa in the early part of his professional career, and Boyer continued to stuff with lint the wounds made by the operation until the latter years of his life; whilst the British surgeons, very soon after the days of Monroe, changed their mode of dressing, by endeavoring to heal the wound as much as possible by the first intention. To this it should be added, that in Dr. Monroe's time it was erroneously supposed that by keeping up a discharge from the breast, the return of the disease would be prevented, and with this view it was directed that when the sore was reduced to the size of the palm of the hand, it should be kept open for the remainder of life, and to apply occasionally common caustic and black soap, in the form of an ointment, for the purpose of promoting a discharge. Now the doctrine we have maintained that local irritation is apt to evolve cancer in those who are strongly affected with cancerous diathesis (and who can be more so than those who have had cancer extirpated?), would lead to the conclusion that these different modes of treatment must be followed by results somewhat various.

Another circumstance of equal importance to the success of modern surgery, is, the practice of removing every portion of the cancer and something more—of examining the extirpated tumor to see that sound and healthy looking flesh appears throughout its cut surface, and for removing any suspicious portion that remains in the wound, which can assume the cancerous character. Nearly all modern authors counsel our making the incisions in an apparently healthy part, beyond the limits of the tumor—a direction less insisted upon formerly.

Can a relapse be prevented by any treatment, local or general?—We have already shown that no known specific against cancer exists, in the *Materia Medica*, and the profession is therefore confined to the course of merely combatting such diseases and derangements of the constitution as are supposed to favor a development of the cancerous vice. The foremost of these appears to be derangement of the uterine function, at or near the period of the cessation of the menses. The views before given of Sir Charles Bell, show its great importance, and the necessity of correcting every deviation from health, by the means ordinarily recommended in such cases.

From an impression that peccant matter exists in the circulation, in cancerous constitutions, which might be drained off, issues have been prescribed from time immemorial; but the experiments of MM. Deschamps and Gurnier upon an extensive scale, show satisfactorily that they can have no effect upon a cancerous diathesis, and that applied to the part affected, they are worse than useless. As a general direction we are to avoid every cause of constitutional irritation and derangement, to pre-

serve a cheerful state of mind—in one word, to conform to the strict rules of hygiene.

In respect to local treatment, for the prevention of a relapse, it is now generally recommended to abstain from every application that can irritate the skin, to treat the cicatrix with the utmost tenderness, and to keep it constantly preserved from sudden changes of temperature, by some soft covering of the nature of down, "or a swan's skin." Sir Charles Bell in accordance with this, and with his view of the intimate relation subsisting between diseased uterus and mammæ, directs that a cancerous breast should, as far as possible, be made an internal part, by such dressings "as will protect it from changes of temperature, give it a gentle support, and soothe the skin." This he prescribes for cancerous tumor, and it is equally applicable to the cicatrix, after its removal.

Finally, the foregoing pages authorize the conclusion that our acquisitions on cancer within the last half century, amount only to a more exact notion of the tissues of cancer, obtained by a closer attention to pathological anatomy—to a more exact analysis, which has excluded tumors of another nature—to the rejection of unfounded hypotheses, and to a more certain diagnosis in some cases—but that very little has been added to the treatment.

Treatment of Cancer by Compression.

I will now notice a mode of treating cancer, which, although not essentially new, has recently obtained such favor in Paris, as to deserve attention—it is pressure of the tumor, with the view of producing atrophy. In 1829, M. Recamier published two volumes entitled "*Recherches sur le Traitement de Cancer par la Compression.*" The first volume presents a history of sixty-two cases of cancer of the breast, a summary of which is given in the following tables.

Table 1st.—Of 62 cases of cancer of the breast,

- 5 " were not treated.
- 11 " palliatives only.
- 45 " treated with hope of success.

Table 2d.—Of 45 cases treated with hope of success,

- 30 " were treated by compression alone.
- 4 " compression and cauterization.
- 5 " compression and extirpation.

Table 3d.—Of 30 cases treated by compression,

- 10 " cured.
- 4 " almost cured.
- 4 " less advanced in treatment.
- 6 " have less favorable chances.
- 4 " have obtained slight advantages.
- 2 " not any benefit.

Table 4th.—Of 4 cases treated by compression and cautery,

- 2 " cured.
- 1 " nearly cured.
- 1 " received temporary benefit.

Table 5th.—Of 5 cases treated by compression and extirpation,

3 " cured.
1 " relapsed.
1 " dead.

Table 6th.—Of 6 cases treated by compression, cautery and extirpation,

5 " cured.
1 " dead of another disease during treatment.

General summary.—45—curative treatment.

20—cured.

15—under treatment.

10—treatment failed. (Two of these ten died of other affections.

Cause.—16 Blows.

39 No local violence.

5 { Other cancerous per-
sons in same family.

2 { Blows, and suspected
hereditary causes.

Age.—Less than 12 years, 1.

Between 20 and 30, 3.

" 30 and 40, 15.

" 40 and 50, 22.

" 50 and 60, 16.

" 60 and 70, 4.

" 70 and 80, 1.

Side affected.—25 Right side.

35 Left side.

2 Both sides.

Relapses after extirpation, 11.

" after Recamier's treat-
ment, 1.

Complication of secondary engorgements.—In axillary region, 21.

Sub-clavicular, 4.

Super-clavicular, 3.

The treatment by compression was adopted by Sir Charles Bell at the Middlesex Hospital in London, probably in consequence of the statements of M. Recamier; but Sir Charles reported to the Medical Committee that it was not entitled to confidence. M. Recamier stated in reply that if compression was unsuccessful at the Middlesex Hospital, it was because it was not properly exercised nor modified, according to the stage of the disease. I have been at some pains to ascertain from Paris the manner that M. Recamier would prescribe, a summary of which is as follows. He employs layers or disks of agaric cut smoothly, and placed over the scirrhus tumor. These he retains on the part by bandages of flannel, without seams or selvages, rather more than two inches wide, and eight or nine yards long. He places a disk of agaric on each breast, and then several additional ones on the one affected with scirrhus, placing them so that the centre of pressure may fall on the most prominent part of the tumor. When this last is very prominent, the disk of agaric must be thick, and vice versa. The pressure of the bandage cannot be borne by some patients, unless it be very skilfully applied, perfectly equal over the whole surface. "Elle doit être égale, douce, constante, generale, modifiée à mesure que l'affection locale se résout, et continuée après la résolution de l'engorgement—une compression inégale devient promptement douloureuse; l'appareil se relachant ou blessant après un certain temps, il est nécessaire qu'il soit renouvelé souvent, tous les jours s'il n'y a pas d'ulcération, et deux fois par jour s'il y en a."

M. Cayol, who was a professor in the Faculty of Medicine in Paris,

in 1829, published a learned treatise on cancer in 1832, in one volume. To this is added an Appendix entitled "Progress of Science with regard to Cancerous Diseases, &c." Here the author gives an account of Recamier's method of compression, and he declares it to be a conquest in therapeutics which should be placed by the side of lithotripsy and the preparation of the sulphate of quinine.

Such are the opinions of M. Recamier's method of treating cancer, but respecting which the foregoing dissertation suggests to the reader's mind two difficulties.

1. That its slow operation consumes the precious time in which extirpation offers its best chance of success.

2. That however skilfully applied to the patient, even by M. Recamier himself, bandages will never press a cancerous diathesis out of her system.

SPINAL IRRITATION—MASTURBATION—CHOLERA INFANTUM.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I have often desired and sometimes designed to make an attempt to communicate something to the members of our profession through the medium of the Journal, but perhaps an ideal lack of time, and probably real want of ability, has hitherto prevented; and nothing but a sense of paramount obligation, urges me to make this communication. In the statement of the following case, a desire of information as to the efficient treatment is my sole object; and I must be permitted to indulge a strong hope, that any members of the profession who feel themselves qualified, will, on reading it, delay not to reply, that the editor may publish what he shall deem most likely to subserve the interest of the inquirer and his patient.

The subject of this communication, when an infant, had a discharge from the ear for some time, but was ultimately relieved, and continued free for a number of years, until a very hard snowball was thrown against the ear, which produced inflammation, followed by suppuration, and succeeded by ulceration, which has occasionally troubled him ever since. During infancy and childhood he was occasionally afflicted with painful, but free micturition, which followed him through adolescence and puberty—has given him great anxiety lest the disease should terminate in stone, as he believed it to be gravel.

At the age of about nine, he commenced a labor that required some lifting of burdens, thought to be too heavy for his strength, and was supposed to sprain his back, which rendered it difficult to rise from stooping, especially with any considerable weight. During all this time, however, he enjoyed very tolerable health, with the above exceptions. When about seventeen, he entered an attorney's office as clerk, and remained, I should think, about one year, when he left some six months to attend to other business, and then returned and read a few months, but found it again necessary to leave by reason of a spinal irritation. Medical treatment restored him so far that in about four months he thought proper

to return to his studies, to which he attended till January, 1835, always feeling a sense of prostration when he confined himself to the writing desk for some hours, especially the latter part of the time.

At this time the attention of the physician being again called, the spinal irritation was found to have returned to an aggravated degree, and he was advised to discontinue his studies immediately, attend to the removal of his disease, and if possible attain to a perfect restoration of health and vigor. But a short time elapsed before his physician was led to inquire if self-pollution might not produce or aggravate the malady. After a moment's reflection, he candidly replied, "It may." He was admonished that he must abstain immediately and totally, as he valued his life. He replied, "I will," and I doubt not has redeemed his pledge. I would here observe, he is a young man of as unimpeachable reputation, of as unstained moral character (unless this may form an exception), as lives; but has associated little more with the other sex than to escape notice for singularity. To return. Under the operation of remedies that were deemed appropriate, a detail of which it is presumed would be neither interesting nor profitable, the spinal irritation seemed to have subsided, and health to have returned so far that he ventured to walk out, but it prostrated him.

This alternate *apparent* recovery and prostration have been repeated a number of times, and he is now laboring under an increasing gonorrhœa dormientium, but, as he declares, without dreaming, to his knowledge and recollection. These emissions never fail to debilitate him. Since irritation ceased to be produced by pressure on the spine, there has been a sense of "tiredness" whenever he has walked far; and when anything like pain has been felt, it has been referred to the right sacro-iliac junction, and course of the right spermatic cord, attended with much tenderness of the right testicle, and laxity of the cremaster muscle. Many physicians have been consulted, but with less benefit to the patient, as will appear evident, than could have been wished.

I here rest the case, pledging my word to answer all questions necessary to a further elucidation of the subject.

Now, Sir, that my attention is drawn to the subject of asking advice, I venture to solicit, through the same medium, information on the pathology and therapia of what we judge to be "cholera infantum," at the following stage, viz. when vomiting ceases, and purging of a dark green tenacious substance continues; sometimes changing color, &c. attended with retching, yawning, furred tongue, somewhat accelerated pulse, intense thirst, occasional suspiration, &c. &c. the retching generally accompanying the movement of the bowels. In this vicinity, what is termed "summer complaint in children," embracing nearly every state attended with laxity of the bowels, is seldom rife; and when it is so, is not as fatal as in many parts of the Western country, if we may believe reports. Nevertheless, it occasionally proves so, being seldom if ever removed when attended with the above-named symptoms. I will merely say, in conclusion, *generally*, in *such* cases, though not *always*, such symptoms take place before the physician is called.

If the above, especially the *former*, should be thought worthy of a place in your Journal, which I deem the most suitable one within my

knowledge, their publication will confer a very sensible obligation on a patron. V.

Otsego Co. N. Y. August 20th, 1835.

MEDICAL REFLECTIONS.—NO. V.

[Communicated for the Boston Medical and Surgical Journal.]

IN my last No.* on the inexpediency and invalidity of granting patents for the practice of medicine,† I omitted to observe that the law, if it can be so construed as to justify the issuing of patents for the practice of medicine, is unconstitutional and a direct infringement upon the rights of each and every one of these United States. In a government like ours, all power emanates from the people in their sovereign capacities; and it is an admitted axiom that all power not expressly delegated by the several States to the general government, is retained in the State governments or in the hands of the people. It has never been pretended that any power to regulate the practice of medicine was ever granted by the several States to the general government, and consequently a large portion of the States have enacted laws designedly to regulate the practice of medicine. But what has been the effect? Why, instead of controlling quackery under its usual forms of patent medicine, nostrum, and patent *doctor*, or rather patent practitioner, the action and sanction of the general government have increased the evils which the several States attempted to retard. The State laws on the subject, instead of being respected and revered as the acts of sovereignty, are boldly set at defiance by men destitute of science, of learning, and frequently of common honesty. The present writer hazards nothing in the opinion that it was an oversight, and not a deliberate act in the general government, to commence issuing such patents as those referred to, and that the practice, upon reconsideration, will not be continued, altered or amended, but entirely annulled, revoked and abolished. It is the duty of each and every State to take the matter in hand, and to pass such laws as shall prohibit, under severe penalties, the making or vending any secret nostrum or patent medicine. The speculations in human life and health daily carried on by apothecaries in their trade with these articles, call loudly for reform and legislative interference; and if a reform cannot be brought about either by their own sense of justice and propriety and the acquirement of adequate knowledge to the proper exercise of their calling, or by legislative enactments, perhaps then the only and ultimate remedy may be found in the hands of the faculty, who may, in a body, refuse to trade with all apothecaries and others who deal in patent medicines, nostrums, &c.

This subject is one of intense interest, and I feel well assured that I have come far short of doing it justice—that my humble abilities are inadequate to the task, and that there are others whose talents and acquirements justly designate them as fit persons to whom I may now transfer it. In taking my leave of the subject, I must call the attention of your cor-

* See p. 218, Vol. XII.

† Of which the mummery of Thomson and Howard are examples.

respondent J. H.* who has my thanks and good wishes for his essay in a former volume of the Journal, and I entreat him to renew his communications on this subject.

GAMMA.

August 18th, 1835.

MORTIFICATION OF THE LOWER LIP.

[Communicated for the Boston Medical and Surgical Journal.]

SOMETHING has been communicated in your Journal of late upon a disease termed gangrenopsis, or gangrenous erosion of the cheek or some other part of the face. The local affection, I apprehend, which has received the above appellation, is not often, if ever, *sui generis*, but rather a consequence or sequel of erysipelalous, typhous, or some other kind of malignant fever. Take an example:—

A boy, 4 years of age, about the middle of last May was violently attacked with fever. On my first visit, I discovered in his case what seemed to indicate great danger, and pointed it out to his parents. There was something in an assemblage of his symptoms which rendered his case peculiar, and which is not very easily described. He lay in that kind of stupor, and had that low muttering delirium, which is frequently witnessed in the last stage of typhus, and sometimes in hydrocephalus internus. His eyes were sunken, pulse small and quick, skin dry and not much above the natural temperature. He had had pain in his bowels, attended with a looseness, but this had subsided in a measure, and was followed by tossing and general restlessness. On my first visit I indulged little expectation of his recovery. The parents could give no account of the cause of his sickness, unless it was fatigue, occasioned by his plays the day previous.

I commenced the treatment by giving four grains of calomel every four hours. Next day I found the medicine had operated thoroughly as a cathartic, and had made a favorable impression upon the disease. Although the fever was more fully developed, the cerebral affection was much relieved. Calomel in smaller doses, combined with James's powder and camphor, every four hours, was my principal prescription for the second day. The third day I discovered no material alteration. At the suggestion of some one present that the boy might have worms, I gave an infusion of Carolina pink and senna, in addition to his other medicines.

On the fourth day I found that his bowels were completely evacuated, without improving his case. A small purple blister, not larger than a cent, had made its appearance on his left side, and so rapidly did it spread that in a few hours it was equal in extent to four inches square. By removing the cuticle and evacuating the serum, the cutis vera appeared of a dark color, interspersed with bleeding points. This was followed by smaller blisters of a similar character upon different parts of his body, none of which showed any disposition to heal. Calomel, up to the fifth day of his disease, had been used freely, and the patient allowed to quench

* See page 349, Vol. XII.

his thirst by drinking cold water. His mouth and face were in a good condition.

But things did not long remain in this situation. On the 6th day, one side of his face began to swell, and so rapidly did it proceed, that by the 7th it had closed one eye entirely. It appeared nothing different from what is usually seen in erysipelas of the same part. The future treatment was *tonic, soothing and cordial*—consisting principally of Sulph. Quinine, Carb. Ammonia, Opium, Wine, and liberal nourishment. Mortification commenced near one angle of the mouth, and continued to extend, so that in two or three days it occupied the whole of the lower lip and some part of the face. Blisters and yeast poultices were applied over the mortified part, and nitric acid diluted was used as a gargle. But all was unavailing. A line of separation formed, but did not afford a barrier to the mortification, which rapidly progressed.

While this process of partial death was going on, some of the patient's symptoms were actually improved; and, what is not uncommon in such cases, fears were entertained of his recovery after the disease had made such ravages as to render his death desirable. He died in just two weeks from the time of his seizure.

I fear it will be long before physicians are able to obtain a cure in cases like the one above described. Fortunately, however, such cases are not frequent. In upwards of twenty years practice, I have seen but three in the whole. These were quite analogous, not only in their general appearance, but in their duration and termination. In every instance where the complaint is symptomatic, our attention is to be directed to the primary disease. If this can be subdued early, we have little to fear from what may be termed consequences.

The question may be asked, why certain febrile affections should produce or terminate in gangrene of the mouth and face? My answer is, because it is their nature, independent of adventitious circumstances, to do so. I have never known a mercurial salivation produce anything like the effects narrated in the above case; neither do I believe mercury capable of thus operating. Instead of regarding it as a cause of the complaint in question, I would sooner expect to find a remedy in its early and energetic use, in many cases, at least, than in any other agent with which I am acquainted. It may be given early, either as a febrifuge or to restore secretions, or with a view to its specific effect. A mercurial action, when properly obtained, it is well known, will stand against almost any disease. I am no advocate for an indiscriminate, but a judicious use of mercury. This powerful agent, in the first stage of many cases which are hurrying on to a fatal termination, will not only arrest them in their progress, but, if assisted by appropriate remedies, will restore the patient to his usual health. But whatever remedies we use, as has before been intimated, should be directed to the primary disease.

J. S.

Montpelier, Vt. Sept. 6, 1835.

BOSTON MEDICAL AND SURGICAL JOURNAL

BOSTON, SEPTEMBER 16, 1835.

BOYLSTON PRIZE QUESTIONS.

IN presenting the profession with the dissertation on CANCER, which occupies so large a portion of the Journal to-day, it may be interesting to those at a distance to understand the origin and object of these annual essays. Ward Nicholas Boylston, Esq. a wealthy and benevolent citizen of Boston, was the individual who some years since placed in charge of the University at Cambridge, a sum of money, the interest of which constitutes the Boylston prizes. A committee of medical gentlemen, eminent for their acquirements, are selected by the President and Fellows of the College, which committee are empowered to propose questions on medical subjects to the profession in the U. States. The essays on these subjects are examined by the committee, separately, and the one most meritorious in their estimation, even if at variance with their private opinions, secures for its author the prize of \$50, or a gold medal, suitably inscribed, of that value. The names of successful writers are wholly unknown till after their manuscripts have been accepted. On the other hand, unsuccessful competitors are never known, unless they choose to be, as their papers are returned any time within a year, on being called for, with unbroken seals to the envelopes containing their names.

It will be admitted by all that there is the most perfect uprightness and good faith manifested—that there is neither favoritism nor prejudice operating either for or against the claims of writers. There has been a commendable ambition to labor discoverable in the competitors, as no season has passed, since the establishment of the prizes, without attempts to win them; and every approved dissertation has been creditable to the author, and honorable to our country. Dr. Parsons seems to be particularly successful, as the present is the fourth prize he has carried off. To his own dissertation, however, we cheerfully refer our readers, with a full belief that they will feel their obligations to him for the best treatise on cancer—that terror of patients—extant in the English language. They will regret, with the author and with us, that medical science is yet so inefficient in the treatment of this disease; but all the known resources of our art will be found plainly and candidly detailed.

ABRACADABRA.

ALTHOUGH this, together with Dr. Doane's new edition of "Good's Study," has been a considerable time on hand, it has been inconvenient to give either of them that careful examination which the publishers have a right to expect:—space is to be allotted for them hereafter.

With respect to the *Abacadabra* of the nineteenth century, the greatest of all modern medical moonshine, Homœopathic medicine, by Dr. William Leo-Wolf, it is only necessary to remark that a very curious chain of ingenious and critical research is discoverable in the author. He applies potentials to Dr. Hahneman, like a fearless surgeon, and both by reason, and plain appeals to common sense, shows that homœopathia

is too ridiculous to merit serious consideration. What are we to think of one of Hahneman's great truths—that *itch is the only cause of all chronic diseases*! The publishers will please accept our thanks for their polite attentions.

THE PLAGUE.

A LETTER from Marseilles has lately been published in New York, giving an account of the successful treatment of cases of the plague by Dr. Abbott, and of his belief in the non-contagiousness of the disease. Dr. A. is not the only medical practitioner, even in plague countries, who considers it merely endemic. The celebrated Clot-Bey has recently addressed a letter to M. Chervin, of Paris, from which we extract the following interesting particulars in regard to this disease.

"The number of medical men at Cairo and Alexandria does not exceed twenty. The greater part of these are contagionists in a high degree, who cover themselves with oiled silk, and only touch their patients at a distance. At Cairo there are three French and one Spanish medical men, who treat plague cases. They visit their patients as if the latter were affected with an ordinary disease, and they take no precautions of any kind against contagion. The time devoted by them to each autopsy is nearly three hours. Two young French physicians are studying in the same way at Alexandria. The plague commenced at the latter place in November last, and since then has destroyed 20,000 persons.

"The first symptoms of this disease are very similar to those of the inflammatory typhoid fever. About the third day the buboes and carbuncles of the plague appear, and signs of intestinal irritation set in. On the fourth or fifth day the petechiæ and bluish spots make their appearance on the skin. The petechiæ are particularly observed on the neck, the chest, and the limbs. The buboes rarely attack the neck, and are oftener observed in the groin than in the axilla. The bodies in general do not seem to have a greater tendency to putrefaction than any others, and are far from exhibiting the frightful appearance which is generally described by authors and painters. After death the arteries are found empty, and the heart and veins filled with dark blood. The spleen is very much engorged, and often of double its natural volume, and softened. The kidneys are of a dark-blue color, and the stomach always contains a dark fluid, its membrane being much injected with spots, like petechiæ or ecchymosis. The intestines exhibit the same appearance. The lymphatic glands are always engorged, and exhibit a volume five or six lines larger than natural; their tissue is soft, and of a dark blue. The same change is seen in all the glands along the vessels of the abdomen and chest. There is engorgement of the sub-arachnoid veins, but with this exception, the parenchyma of the brain and spinal marrow do not present any remarkable change, save in two or three cases, where it appeared a little softened.

"The physicians of Alexandria do not believe the disease to be epidemic, while, on the contrary, M. Clot-Bey and his friends are convinced of its being so. He does not attempt at present to decide the question of contagion, though he evidently leans to the side of non-contagion; but he observes that six physicians, besides students, attendants, &c., have been in the daily habit of touching and dressing the patients, without any one of them as yet having been affected by the disease."

Laceration of the Perineum.—In the 9th Vol. of the Medical Journal is a case of this nature detailed by Dr. John P. Mettauer, of Virginia, in which an operation was successfully performed. Leadon ligatures were made use of, and the divided surfaces, which had healed, were thus kept in contact, after being denuded, and in six weeks were perfectly re-united. A new method has lately been adopted in England by Mr. Copeland, who has succeeded in curing several patients laboring under recto-vaginal communication, simply by dividing the sphincter muscle of the anus. This division, by causing the fæces to flow out of the rectum as fast as they enter it, keeps the bowel in an empty and passive state, and the communication is thus enabled to cicatrize. It is evident that the expediency of this operation depends upon circumstances which the practitioner cannot always command. The laceration must necessarily be recent, and the parts in a healthy state.

Creosote.—The Harveian Society of Edinburgh have fixed on the following subject as their Prize Essay for the year 1836, viz. "The Chemical and Medical properties of Creosote, with the best means of preparing it." The prize is either a copy of the quarto edition of Dr. Harvey's works, or a silver medal with a suitable inscription, at the option of the candidate. The editors of the U. S. Medical and Surgical Journal, New York, also offer a premium for the best essay on the same subject—the dissertations to be addressed to them in the usual manner, free of expense, on or before the 1st of May next. The prize will be a copy of Prof. Beck's Medical Jurisprudence (new edition), and a copy of Harper's new edition of Good's Study of Medicine—both elegantly bound in calf.

New Medical Work.—Messrs. Carey, Lea & Blanchard, of Philadelphia, are about to put to press a Treatise on General Therapeutics, by Professor Dunglison. The same publishers will also, as we are informed by the N. A. Archives, shortly issue "Clark's Treatise on Pulmonary Consumption."

Medical Degrees.—At the late Commencement at Williams College, the degree of M.D. was conferred on 27; at Yale College, 17, and the honorary degree on four. At Bowdoin College, the degree of M.D. was conferred on William Adams, Royal M. Ayer, Madison Bray, Henry S. Dearborn, Samuel Dinsmore, Ezekiel D. French, William L. Harmon, William Hunnewell, Nathaniel J. Knight, Joseph H. North, Alvah Parker, Noah O. Parker, Hazard A. Potter, Joseph F. Potter, Putnam Simonton, Samuel M. Smith, Henry A. True, and Aurelius L. Weymouth. No honorary degrees were conferred. Jedidiah Cobb, M.D. of Cincinnati, Ohio, was elected Professor of Anatomy and Surgery in the Medical School of Maine, and William Perry, M.D. of Exeter, N. H. was elected a lecturer on the Theory and Practice of Medicine for the next course of lectures.

Creosote in Diabetes.—Prof. Grant having been unsuccessful in seven cases of diabetes mellitus, was induced to treat the eighth with creosote, which was completely successful. The patient was a man, fifty years

old, who had passed seven Berlin quarts of urine, daily, containing considerable sugar. An emetic was first given, beside some other medicinals, but ineffectually, till eight drops of creosote were swallowed, every day, for a while, in the form of pills. Very speedily the quantity of urine was reduced nearly one-half, and favorably changed in character. Finally, after a gradual daily increase of dose, the patient took twenty-four drops a day. The urine now assumed a natural color, containing the ingredient of that fluid in its normal condition, and the man was considered cured.

This article appears to be destined to produce a very important revolution in the mode of treating several diseases heretofore the dread of the profession.

Death of Leaves by the Fumes of Lead.—A young sugar tree (*acer saccharinum*), planted along one of the side-walks of this city, put forth several tufts of leaves near the top of the stem, about seven feet from the ground. When they were growing luxuriantly, the box, a large one, in which the tree was enclosed for protection, was painted with white lead, in oil. By the next day the whole of them had wilted, and have since been replaced with a new crop. This was a palpable and fatal case of saturnine paralysis in the vegetable kingdom.

Western Journal of the Medical and Physical Sciences.

Nitrate of Silver in Tonsillitis.—It is well known that no disease is more likely to recur than suppurating tonsillitis, which, under the name of quincy, will return upon some persons, on the slightest exposure to a cold and damp atmosphere, subjecting them to repeated suppurations. It is perhaps not generally known, that on the access of this malady, a vigorous and early application of lunar caustic, in the solid form, or dissolved in rain water, in the proportion of eight or ten grains to the ounce, will more certainly arrest the inflammation and prevent an abscess, than any other method of treatment. If, however, there should be fever, venesection and an emetic should be premised. The application of solid caustic to the tonsils until they "turn pale," gives but little pain. If it should escape from the quill and be swallowed, it may be decomposed with salt and water, or a solution of sulphate of magnesia.—*Ibid.*

Chalybeates in Dropsy.—Dr. William Pettit, of Columbiana county, Ohio, has sent us a paper commending the use of Rubigo Ferri mixed with Port wine, in the treatment of dropsy. He thinks that the influence of Dr. Rush, in favor of the antiphlogistic method, has had, in many instances, an unfavorable effect on the practice of American physicians. Dr. P. states, that his attention was some time since directed to this medicine, by Dr. Isaac Parker, of Jefferson county, in this State, an old and respectable physician, who assured him that he was generally successful in the management of ascites and anasarca, by means of the following preparation:—

R. Carbonate of Iron, ʒi.
Port Wine, Hj. Mix.

Agitate when used, and give half an ounce three or four times a day

Dr. Pettit has given two successful cases in detail.—*Ibid.*

TO CORRESPONDENTS.—The following original communications are on hand for insertion:—Constitutional Effects from Local Injury—Case of Corneitis—Effect of Alcohol on the Liver—Case of Gonorrhœal Ophthalmia. Also a translation of Researches on the Nutriments of Gelatine, and a corrected copy of Dr. Mettauer's essay on the Crusta Genu Equinæ, published in the last No. of the Phil. Journal.—The Meteorological Table for the last month has not been received from the gentleman to whom we are indebted for its hitherto regular transmission.

DIED—At St. Helena Island, S. C. Dr. Charles W. Capers, aged 41, a graduate of Yale.—At Greenbush, N. Y. Dr. Charles Hale, aged 36.

Whole number of deaths in Boston for the fortnight ending Sept. 12, 130. Males, 73—Females, 57. Of scarlet fever, 2—infantile, 12—dysentery, 10—convulsions, 6—teething, 3—croup, 1—inflammation of the lungs, 1—fever and ague, 4—ulceration of the intestines, 2—diarrhea, 1—disease of the head, 1—throat distemper, 3—measles, 14—bilious fever, 2—inflammation of the stomach, 1—inflammation of the brain, 2—cholera morbus, 2—disease of the heart, 2—lung fever, 3—cholera infantum, 3—epilepsy, 1—dropsy on the brain, 3—decline, 1—old age, 4—hooping cough, 5—consumption, 8—hip complaint, 1—inflammation of the bowels, 1—accidental, 1—worms, 2—dropsy, 2—typhous fever, 7—mortification, 1—bowel complaint, 4—liver complaint, 1—canker, 1—disease of the brain, 1—brain fever, 1—cramp, 1—quincy, 1. Stillborn, 2.

ADVERTISEMENTS.

WASHINGTON MEDICAL COLLEGE OF BALTIMORE.

THE Annual course of Lectures in this Institution will commence on the last Monday of October.

JAMES H. MILLER, M.D. Professor of Anatomy, Physiology and Pathology.

SAMUEL K. JENNINGS, M.D. Prof. Materia Medica, Therapeutics, Hygiene, and Medical Jurisprudence.

WILLIAM W. HARVEY, M.D. Professor Obstetrics and the Diseases of Women and Children.

JOHN C. S. MOURUR, M.D. Professor Theory and Practice of Medicine.

JOHN P. METTAUER, M.D. Professor Surgery and Surgical Anatomy.

EDWARD FOREMAN, M.D. Lecturer on Chemistry, &c.

WASHINGTON R. HARDY, M.D. Demonstrator of Anatomy. This department will be open from the 1st of October. Sept 16—3t

BOYLSTON MEDICAL PRIZE QUESTIONS.

THE Boylston Medical Committee, appointed by the President and Fellows of Harvard University, consists of the following physicians, viz.—JOHN C. WARREN, M.D.—RUFUS WYMAN, M.D.—GEORGE C. SHATTUCK, M.D.—JACOB BIGELOW, M.D.—WALTER CHANNING, M.D.—JOHN B. BROWN, M.D.—GEORGE HAYWARD, M.D.—JOHN RANDALL, M.D.—and ENOCH HALE, Jr. M.D.

At the annual meeting of the Committee held on Wednesday, August 6th, 1835, a premium of fifty dollars, or a gold medal of that value, was awarded to Luther V. Bell, M.D. of Derry, N. H. for a dissertation on the following question—"What diet can be selected, which will insure the greatest probable health and strength to the laborer in the climate of New England; quantity and quality, and the time and manner of taking it, to be considered."

Another premium of the same value was awarded to Usher Parsons, M.D. of Providence, R. I. for a dissertation on this question—"What are the diagnostic marks of cancer of the breast; and is this disease curable?"

The following prize questions for the year 1836 are now before the public, viz.

"1st. How far are the external means of exploring the condition of the internal organs to be considered useful and important in medical practice?"

"2d. To what extent is an active medical practice useful in the common continued fever of this country?"

Dissertations on these subjects must be transmitted, post paid, to John C. Warren, M.D. Boston, on or before the first Wednesday of April, 1836.

The following questions are now offered for the year 1837, viz.

"1st. What is the nature of Neuralgia, and what is the best mode of treating it?"

"2d. To what extent, and in what places, has Intermittent Fever been indigenous in N. England?" Dissertations on these subjects must be transmitted as above, on or before the first Wednesday of April, 1837.

The author of the successful dissertation on either of the above subjects, will be entitled to fifty dollars, or a gold medal of that value, at his option.

Each dissertation must be accompanied with a sealed packet, on which shall be written some device or sentence, and within shall be enclosed the author's name and place of residence. The same device or sentence is to be written on the dissertation to which the packet is attached.

All unsuccessful dissertations are deposited with the Secretary, from whom they may be obtained, if called for within one year after they have been received.

By an order adopted in the year 1826, the Secretary was directed to publish annually the following votes, viz.

1st. That the Board do not consider themselves as approving the doctrines contained in any of the dissertations to which the premiums may be adjudged.

2d. That in case of the publication of a successful dissertation, the author be considered as bound to print the above vote in connection therewith.

Boston, August 22, 1835.

GEORGE HAYWARD, Sec'y.
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Publishers of Newspapers and Medical Journals, throughout the United States, are respectfully requested to give the above an insertion.

MEDICAL AND SURGICAL EDUCATION.

The subscriber continues to receive medical pupils at the United States Marine Hospital, Chelsea, and to offer them the following advantages.

The institution at present contains seventy beds: all of which are occupied during the autumn and winter by the subjects, both of medical and surgical treatment. The number of patients in the spring and summer is rather less. The average number daily, throughout the last year, was between fifty-five and sixty. The number is annually increasing. A greater variety of disease is thus presented, than is to be found in those hospitals exclusively appropriated to the poor of any city.

The students have unrestrained access to these cases during all hours: as also to the extensive apothecary shop connected with the establishment.

A valuable medical library is offered for their use.

Facilities for the cultivation of demonstrative anatomy, are afforded through the winter.

The students are provided with a suitable apartment in the hospital, which is furnished with fuel and lights, without charge.

Fees, \$50 a year.

Board may be procured in the vicinity of the hospital, at from \$2.50 to \$3.00 per week.

Boston, April 21, 1835.

(April 29.—*tr.*)

C. H. STEDMAN.

MEDICAL INSTITUTION OF YALE COLLEGE.

The annual Course of Lectures in this Institution will commence on Thursday, Nov. 5, 1835, and will continue seventeen weeks. There are at least five lectures daily throughout the term, and a part of the time six. The several branches are taught as follows, viz.:

Principles and Practice of Surgery, by THOMAS HUBBARD, M.D.

Theory and Practice of Medicine, by ELI IVEY, M.D.

Chemistry and Pharmacy, by B. SILLIMAN, M.D.

Materia Medica and Therapeutics, by WILLIAM TULLY, M.D.

Anatomy and Physiology, by J. KNIGHT, M.D.

Obstetrics, by TIMOTHY P. BEERS, M.D.

The fee for each of the first five branches is \$12.50, and for the last \$6.00, which, together with a matriculation fee of \$5.00 and a contingent bill of \$2.50, are to be paid in advance. The graduation fee is \$15.

Since the last term, extensive alterations have been made in the College buildings;—those parts of it especially which are appropriated to anatomical purposes, have been made more extensive and commodious, and every facility will be afforded to those who wish to pursue the study of anatomy.

The price of board, lodging, &c. in New Haven, is from \$2 to \$3 a week, and other necessary articles in proportion. (Sept. 3.—*epow.*)

MEDICAL INSTRUCTION.

The subscribers are associated for the purpose of giving a complete course of MEDICAL INSTRUCTION, and will receive pupils on the following terms:

The pupils will be admitted to the practice of the Massachusetts General Hospital, and will receive Clinical Lectures on the cases which they witness there.

Instruction, by examination or lectures, will be given in the intervals of the Public Lectures of the University.

| | |
|--|------------------|
| On Midwifery, and the Diseases of Women and Children, and on Chemistry | By DR. CHANNING. |
| On Physiology, Pathology, Therapeutics, and Materia Medica | By DR. WARE. |
| On the Principles and Practice of Surgery | By DR. OTIS. |
| On Anatomy, Human and Comparative | By DR. LEWIS. |

For the greater accommodation of the Class, a room is provided in the house of one of the instructors, having in it a large library, and furnished with lights and fuel, without charge to the students.

The Fees will be, for one year, \$100. Six months, \$50. Three months, \$25.

The Fees are to be paid in advance. No credit will be given, except on sufficient security of some person in Boston, nor for a longer period than six months.

Applications are to be made to Dr. WALTER CHANNING, Tremont Street, opposite the Tremont House, Boston. 6m.

Boston, April 1, 1835.

WALTER CHANNING,
JOHN WARE,
GEORGE W. OTIS, Jr.
WINSLOW LEWIS, Jr.

MEDICAL INSTRUCTION.

The subscribers have associated for the purpose of giving Medical Instruction on the following terms:—

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